

DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY DIVISION
APPLICATION FOR STATE ASSISTANCE
WASTEWATER REVOLVING LOAN FUND

SECTION A - ORGANIZATIONAL DATA

Name of Loan Applicant: _____

Applicant Address: _____

Contact Person: _____

PHONE: _____ FAX _____ EMAIL _____

Name of Consulting Engineer: _____

Engineer Address: _____

Contact Person: _____

PHONE: _____ FAX _____ EMAIL _____

SECTION B - PROPOSED FINANCING

PROJECT FUNDING

a) Amount of VRLF Loan Funds Requested \$ _____

SOURCE	CHECK <input checked="" type="checkbox"/> IF COMMITTED	AMOUNT
1) _____	<input type="checkbox"/>	\$ _____
2) _____	<input type="checkbox"/>	\$ _____
3) _____	<input type="checkbox"/>	\$ _____

b) Total Other Funding Available (1 + 2 + 3 ...) \$ _____

c) Total Project Cost (a + b) \$ _____

5 YEAR CASH FLOW NEEDS PROJECTION (LOANS OF \$10,000,000 OR MORE)

If the Amount of VRLF Loan Funds Requested (*line a above*) is \$10,000,000 or greater, provide a realistic projection of your cash flow needs from this loan over the following calendar years. (*Should add up to the amount of the total loan request in line a*)

2008	2009	2010	2011	2012
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

TYPE OF SECURITY

CHECK ☒ THE BOX BESIDE THE TYPE OF SECURITY APPLICANT ANTICIPATES PROVIDING

Pledge of Revenue of the Sewer System Only ☐

Pledge of Revenue of Water and Sewer System ☐

General Obligation of the Locality ☐

SECTION C - WATER QUALITY DATA

NPDES Permit Number: VA _____

Name of Stream to which
flow is, or will be discharged _____

River Basin for Receiving Stream _____

SECTION D -BRIEF PROJECT DESCRIPTION AND STATEMENT OF NEED

Please include a description of Treatment units, capacities of treatment works, sizes and respective lengths of sewer line, new service being provided, system upgrade and/or expansion, Rehabilitation etc. Describe the need for the proposed project. Needs should be in areas of restoring, protecting or preventing pollution in State waters. Reference and attach all pertinent documentation, i.e.: noncompliance letters from regulatory agencies, Consent or Special Orders, documentation of public health concerns, etc.

(attach additional pages if necessary)

SECTION E - DEMONSTRATION OF ANY EXTRAORDINARY NEEDS

Describe any extraordinary trends and/or conditions such as reduction or loss in tax base and/or revenues, high utility cost, etc., which should be taken into consideration by reviewing agency.

(attach additional pages if necessary)

SECTION F - READINESS-TO-PROCEED**PROJECT STATUS**

Status of Preliminary Engineering _____

Status of Environmental Review _____

If the Environmental Assessment is complete provide items 1) and 2) below

1) Name of clearance and issuing agency _____

2) Date issued _____

Status of Final Plans & Specifications _____

ANTICIPATED SCHEDULE*Schedule Item Description**Date*

- a. Submittal of Final Plans _____
- b. Plans and Specs Approved (VHD/DEQ) _____
- c. Advertise for Bids _____
- d. Award Contracts _____
- e. Estimated Construction Time _____ (expressed in months)

SECTION G - STATISTICAL DATA**SEWER USERS**

SERVICE AREA JURISDICTIONS	NUMBER OF EXISTING RESIDENTIAL SEWER CONNECTIONS	NUMBER OF PROJECTED RESIDENTIAL SEWER CONNECTIONS AT COMPLETION OF PROJECT

Existing Wastewater Treatment Flows (gpd) _____

% Domestic Flow _____

% Industrial/Commercial Flow _____

Existing Average Monthly
Charge Per Household for Water \$ _____ Sewer \$ _____Average Residential
Connection Fees for Water \$ _____ Sewer \$ _____

When were rates last increased? Date of Increase _____

Details of Rate Increase _____

SECTION H - PROJECT BUDGET INFORMATION

Administration Expense \$ _____

Land, right-of-way \$ _____

Architectural Engineering Basic Fees \$ _____

Project Inspection Fees \$ _____

Other (Explain) _____ \$ _____

Treatment Plant Construction \$ _____

Interceptor Line Construction \$ _____

Collector System Construction \$ _____

I & I Rehabilitation \$ _____

Equipment Purchase/Installation \$ _____

Contingencies \$ _____

TOTAL \$ _____

SECTION I - FINANCIAL DATA

ANNUAL OPERATION, MAINTENANCE & REPLACEMENT COST (O,M & R) FOR PROPOSED SEWER FACILITIES

a) Labor \$ _____

b) Utilities \$ _____

c) Materials \$ _____

d) Miscellaneous Expenses \$ _____

e) Equipment Replacement \$ _____

f) Other _____ \$ _____

g) TOTAL O, M & R COST FOR PROPOSED SEWER FACILITIES \$ _____

ESTIMATED TOTAL ANNUAL FACILITIES COSTS (SEWER FACILITIES ONLY)

Existing + Proposed Sewer Facilities Only - **Exclude water operation cost.**

h) Net O, M & R (for existing facilities) \$ _____

i) Existing Annual Debt Service \$ _____

j) O, M & R for Proposed Facilities (from line g) \$ _____

TOTAL ESTIMATED ANNUAL FACILITIES COST (h+i+j) \$ _____

SOURCES OF REVENUES AS A PERCENTAGE OF TOTAL ANNUAL SEWER REVENUES

Residential Share _____ % Non-Residential Share(Industrial/Commercial) _____ %

SECTION J - ASSURANCES AND CERTIFICATIONS

The undersigned representative of the applicant certifies that the information contained herein and the attached statements and exhibits are true, correct and complete to the best of their knowledge and belief. The undersigned also agrees to clarify or supplement information pertaining to this application upon request.

CHIEF ADMINISTRATIVE OFFICER OF APPLICANT

Name _____

Title _____

Signature _____ Date _____

SECTION K - REQUESTED ATTACHMENTS

- I. Attach one copy of the Latest Interim (unaudited) Financial Statement
- II. Attach two copies of the current year budget
- III. Attach current rate schedule for water and sewer rates
- IV. Attach listing of 10 largest users of sewer system and of water system (reference page 3)